



Submit



Cancel

Name: Ms. Joan Smith DOB: 6/18/1969 Sex: F

Patient Information

Field Record

[Disposition](#) | [OOJ Log](#) | [Field Activity Log](#)** Indicates Required Field**Condition: *Jurisdiction: *Date Opened:
mm/dd/yyyyField Record Number: *Referral Basis: Other: Out of System Transfer: ☐*Initiating Agency: *Investigating Agency: Other area: Investigation Outcome
Report Required: Dispo Due Date:
mm/dd/yyyy

Marginal: ☐

Date Converted:

mm/dd/yyyy

Referral Type:

OP Case ID:

OP Diagnosis:

Search

Clear

Code Lookup

Interviewer:

Interview Type:

Date Interviewed:
mm/dd/yyyy

First Exposure: / /
mm dd yyyy

Last Exposure: / /
mm dd yyyy

Exposure Frequency:

Height:

Size/Build:

Hair:

Complexion:

Additional Identifying,
Locating or Medical
Info:

Named By:

Relationship:

***Assigned Worker:** LastName, FirstName



Quick Code

1777 NE Expressway, Suite 100

Atlanta, GA 30329

404-555-1212

***Date Assigned:**

mm/dd/yyyy

Disposition

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Disposition:

***Disposition Date:**

mm/dd/yyyy

Diagnosis:

Transmission:

Field Activity Log

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	<u>Date</u>	<u>Notes</u>
Edit Delete	01/17/2003	Patient gave good information. No further follow up needed.
Edit Delete	01/03/2003	Patient was vague. Need to follow up further.

Date:

mm/dd/yyyy

Notes:

Patient gave good information. No further follow up needed.

	<u>Date</u>	<u>Worker</u>	<u>Notes</u>
Edit Delete	01/17/2003	Firstname Lastname	Patient gave good information.
Edit Delete	01/03/2003	Firstname Lastname	Patient was vague. Need to follow up further.

Notes:

Add New Log Entry

Patient Information

Field Record



Submit



Cancel